

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bob Riley, Governor
Attorney General's Office
Alabama State House
11 South Union Street
Montgomery, AL 36130

Cnsp:Op

2. Article Number

(Transfer from service label)

7005 3160 0001 2962 0419

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature X <i>M. Riley</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Address
B. Received by (Printed Name)	C. Date of Delivery 1/13/07	
D. Is delivery address different from item 1? If YES, enter delivery address below: <i>2005 3160 0001 2962 0419</i>		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		